

TRINITY ACADEMY
233 WEST CHERRY STREET
SHENANDOAH, PA. 17976

REGISTRATION INFORMATION

Grade in September _____

Student: _____
Last Name First Name M.I. Place of Birth Date of Birth

Address(Street, City, State, Zip Code) Home Phone Number Emergency Number

Social Security Number Sex Public School District Bus Transportation Needed

Name of previous school attended Parish Membership Child's Religion

SACRAMENT RECORD

Baptism _____
Date Church City State

First Communion _____
Date Church City State

Confirmation _____
Date Church City State

Child resides with _____ Both Parents _____ Mother _____ Father

Father's Full Name Place of Birth Religion

Address(Street, City, Zip) Home Telephone Number

Mother's Full Name Maiden Name Place of Birth Religion

Address(Street, City, Zip) Home Telephone Number

Parent Signature _____ **Date** _____